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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *None* *hm* \*\*\*\*\*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *hm* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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|  |                                       |                        |                       |                            |
|--|---------------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA             | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                       |                        |                       |                            |
| Verified and<br>Acknowledged   | Examiner's Signature<br><i>Hayden</i> | Initials<br><i>Man</i> |                       |                            |

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## TITLE

INTERCONNECTING ASSEMBLY IN COMBINATION WITH PRIMARY AND AUXILIARY EYEGLASSES

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>525 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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